

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

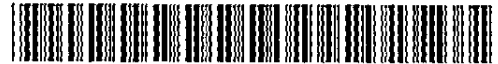
DOCUMENT # L04000021011

1. Entity Name
CBEC LLC



Principal Place of Business
**13627 DEERING BAY DRIVE
#1003
CORAL GABLES, FL 33158**

Mailing Address
**13627 DEERING BAY DRIVE
#1003
CORAL GABLES, FL 33158**



03222006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2942482

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOLLEY, SHAWN
9200 S DADELAND BLVD
SUITE 4122ND STREET 17TH FLOOR
MIAMI, FL 33156**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**UD00000487378
04/13/06-80076-002 50.00**

9. MANAGING MEMBERS/MANAGERS:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVPD
KARSENTI, ARNAUD
13627 DEERING BAY DRIVE #1003
CORAL GABLES, FL 33158**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

✓
Date

Daytime Phone #